

Revision: HCFA-AT-81-34 (BPP)

10-81

State FloridaCitation 4.21 Prohibition Against Reassignment of
Provider Claims42 CFR 447.10(c)
AT-78-90
46 FR 42699Payment for Medicaid services
furnished by any provider under this
plan is made only in accordance with
the requirements of 42 CFR 447.10.TN # _____
Supersedes _____
TN # _____

Approval Date _____ Effective Date _____

1/7/82 81-17 12/23/81
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